

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004560

1. Corporation Name

PACIFICORP ENERGY SERVICES, INC.

Principal Place of Business

825 NE MULTNOMAH #1570
PORTLAND OR 97232-4116
US

Mailing Address

% SALLY NOFZIGER
700 NE MULTNOMAH #1600
PORTLAND OR 97232-4116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

93-1211090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME CRONISE, BARBARA
STREET ADDRESS 825 NE MULTNOMAH ST., SUITE 775
CITY-ST-ZIP PORTLAND OR 97232

TITLE VS
NAME SCHRECK, GEORGE C
STREET ADDRESS 825 NE MULTNOMAH ST., SUITE 775
CITY-ST-ZIP PORTLAND OR 97232

TITLE C
NAME CRAVEN, PETER J
STREET ADDRESS 825 NE MULTNOMAH ST., SUITE 775
CITY-ST-ZIP PORTLAND OR 97232

TITLE T
NAME PERESSINI, WILLIAM E
STREET ADDRESS 825 NE MULTNOMAH ST., SUITE 775
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

825 NE Multnomah, Ste 600

825 NE Multnomah, Ste 600

700 NE Multnomah, Ste 700

825 NE Multnomah, Ste 1900

AS
Lenore M. Martin
825 NE Multnomah, Ste 2000
Portland, OR 97232

AT
Bruce N. Williams
825 NE Multnomah, Ste 1900
Portland, OR 97232

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lenore M. Martin

4/29/99

503 813 7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90170 003 ***150.00

